



## STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL  
PRACTICES COMMISSION  
COVER PAGE

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CITY OF SOLVANG

Please type or print in ink.

NAME OF FILER (LAST) Samirson (FIRST) Joan (MIDDLE) Laird

## 1. Office, Agency, or Court

Agency Name

City of Solvang

Your Position

Elected Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☒ City of Solvang☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

03/02/2013

(month, day, year)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name

Joan Jamieson

## 1. BUSINESS ENTITY OR TRUST

Name Jamieson and Son  
 Address (Business Address Acceptable) PO Box 711 Solvang CA 93464  
 Check one  
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

General Building Contractor

## FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

## IF APPLICABLE, LIST DATE:

ACQUIRED 1/12 DISPOSED 1/12

## NATURE OF INVESTMENT

- ☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION Spouse of owner

## 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

## 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ Nonein City of Solvang

## 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
 Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
 City or Other Precise Location of Real Property

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

## IF APPLICABLE, LIST DATE:

ACQUIRED 1/12 DISPOSED 1/12

## NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

## 1. BUSINESS ENTITY OR TRUST

Name J.L. Jamieson, Land Use Consulting  
 Address (Business Address Acceptable) PO Box 711 Solvang CA 93464  
 Check one  
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☒ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

## IF APPLICABLE, LIST DATE:

ACQUIRED 1/12 DISPOSED 1/12

## NATURE OF INVESTMENT

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YOUR BUSINESS POSITION owner

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Comments:

FPPC Form 700 (2012/2013) Sch. A-2  
 FPPC Advice Email: advice@fppc.ca.gov  
 FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name John Samieson